

PART B - FEE(S) TRANSMITTAL

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35969

Barbara A. Shimei
 Director, Patents & Licensing
 Bayer HealthCare LLC - Pharmaceuticals
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Gabriel J. McCool	(Depositor's name)
/Gabriel J. McCool/	(Signature)
October 29, 2009 - Transmitted via EFS	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/590,786	07/20/2007	Heike Gielen-Haertwig	BHC 041037 [82154(303989)]	1365

TITLE OF INVENTION: HETEROCYCLIC DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	11/02/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS		
C. M. Jaisle		I624	514-269000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Edwards Angell Palmer & Dodge LLP</u>
		2. <u>Barry Kramer</u>
		3. <u>Ralph A. Loren</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

BAYER HEALTHCARE AG

LEVERKUSEN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature /Gabriel J. McCool/ Date October 29, 2009
 Typed or printed name Gabriel J. McCool Registration No. 58,423

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on October 29, 2009
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Gabriel J. McCool

Typed or printed name of person signing Certificate

58,423

Registration Number, if applicable

(203) 353-6875

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Issue Fee Transmittal (1 page)